

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

8/62/508

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.		DEP.		IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						51												
2		1					52												
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47							97												
48							98												
49							99												
50							100												
TOTAL IND.	1						TOTAL IND.												
TOTAL DEP.							TOTAL DEP.												
TOTAL CLAIMS	10						TOTAL CLAIMS												